**TRANSMITTAL
FORM**

TRANSMITTAL FORM	Application Number	10/660,847
	Filing Date	September 12, 2003
	First Named Inventor	Shivraj G. Dharne
	Group Art Unit	2816
	Examiner Name	Cassandra F. Cox
Total Number of Pages in this Submission	Attorney Docket Number	SC13027TC

ENCLOSURES**(check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) (FIGs 1 & 2) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE
Remarks		

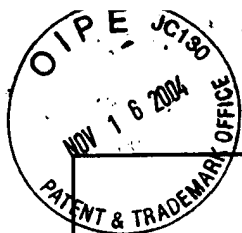
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	David G. Dolezal	Registration No.	41,711
Signature			
Date	11/12/04		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 or facsimile transmitted on the date listed below:

Typed or printed name	Elaine Cox		
Signature		Date	11/12/04

**FEE
TRANSMITTAL**

Patent fees are subject to annual revision

☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	10/660,847
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First Named Inventor	Shivraj G. Dharne
Examiner Name	Cassandra F. Cox
Group Art Unit	2816
Attorney Docket No.	SC13027TC

TOTAL AMOUNT OF PAYMENT

(\$)**440****METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number

503079

Deposit Account Name

**FREESCALE
SEMICONDUCTOR, INC.**

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fees(s) indicated below, **except for the filing fee** to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)		Fee Paid
1001	790	2001	395	Utility filing fee	
1002	300	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES**

Total Claims	Previously Paid**	=	Extra Claims	X	Fee from below	=	Fee Paid
Independent Claims	8	-	20	=	18	=	440
		-	3	=	88	=	

Multiple Dependent

300 =

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	* Reissue independent claims over original patent
1205	18	2205	9	* Reissue claim s in excess of 20 and over original patent

SUBTOTAL (2) (\$)**440**

**or number previously paid, if greater; For Reissues, see above.

SUBMITTED BYName (Print/Type) **David G. Dolezal**

Signature

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late Provisional filing
1053	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for ex parte Reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	430	2252	215	Extension for reply within second month
1253	980	2253	490	Extension for reply within third month
1254	1530	2254	765	Extension for reply within fourth month
1255	2080	2255	1040	Extension for reply within fifth month
1401	340	2401	170	Notice of Appeal
1402	340	2402	170	Filing a brief in support of an appeal
1403	300	2403	150	Request for oral hearing
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1370	2453	685	Petition to revive - unintentional
1501	1370	2501	685	Utility issue fee (or reissue)
1502	490	2502	245	Design issue fee
1503	660	2503	330	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of IDS
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))
1801	790	2801	395	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination of a design application

Other fee (specify)

SUBTOTAL (3) (\$)

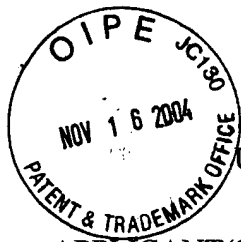
* Reduced by Basic Filing Fee Paid

Complete (if applicable)

Registration No. **41,711** Telephone **(512) 996-6839**

Date

9/11/04



DOCKET NO. SC13027TC

IFW

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) Shivraj G. Dharne et al.

GROUP ART UNIT: 2816

APPLN. NO.: 10/660,847

EXAMINER: Cassandra F. Cox

FILED: September 12, 2003

TITLE: LEVEL SHIFTER

Certificate of Mailing

Date of deposit: 11/12/04

I hereby certify that this paper is being deposited with the United States Postal Service on the date indicated above, as first-class mail, with sufficient postage attached thereto, in an envelope addressed to the Commissioner for Patents, Alexandria, VA 22313.

Elaine Cox

Signature of Person Mailing Paper

Elaine Cox

Printed Name of Person Mailing Paper

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated August 11, 2004, and Examiner's comments with regard thereto, please enter the following amendments in the above-entitled application, without prejudice or disclaimer.

If Applicant has overlooked any additional fees, or if any overpayment has been made, the Commissioner is hereby authorized to credit or debit Deposit Account 503079.

11/17/2004 CCHAU1 00000069 503079 10660847

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